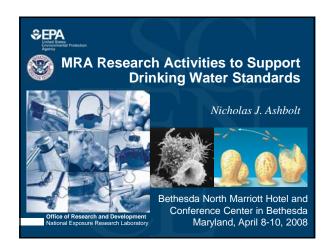
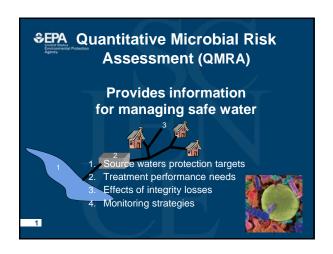
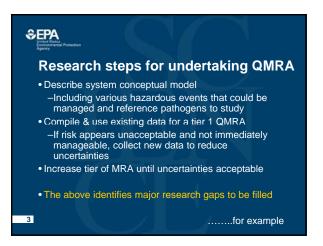
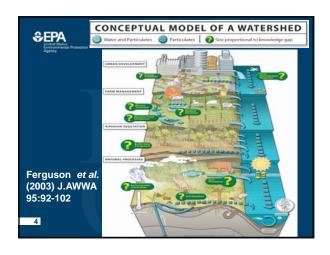
US ERA ARCHIVE DOCUMENT

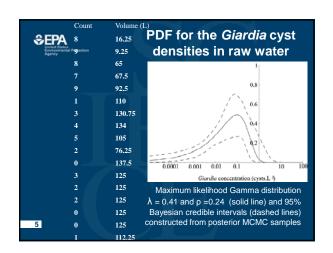


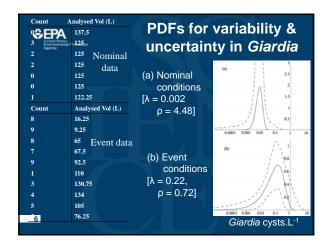


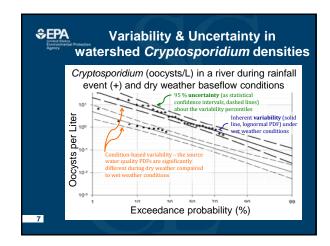












Now that was the straight forward part!

In full-scale treatment works and distribution, pathogen densities of concern are below current detection limits

-e.g. < 1 enteric virus per million Liters = 10<sup>-4</sup> risk

Hence, surrogates are used to validate treatment performance and integrity of drinking waters

-E.g. particle-size (1-20µm) removal, C.t disinfectant

But there is added uncertainty in extrapolating from surrogate to pathogen behavior

Research needs at treatment

• Very frequent sampling is required to identify events of concern at treatment works

• It is simply not possible to sample sufficient volumes of finished water for microbes

• Hence, we are reliant upon on-line instrumentation to provide action levels

—QMRA can provide information to support the setting of action levels

Monitoring required to verify at the 95% **\$EPA** confidence level that failure events do not significantly add to risk when compared to nominal treatment performance 30 1 week ı day 3 hours 3,000 30,000 15 min 2 min 300,000 3,000,000 10 sec i.e. a 100,000 m<sup>3</sup>/d plant treatment with a disinfection system designed for 7 log inactivation of viruses, must monitored every 3 liters to be 95% civation of viruses, must monitored every confident that all water was sufficiently treated Smeets (2008)

